

Dr Imran Haq

Quality Report

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This report describes our judgement of the quality of care at this service. It is based on a combination of what we found when we inspected, information from our ongoing monitoring of data about services and information given to us from the provider, patients, the public and other organisations.

Ratings

Overall rating for this service

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive to people's needs?

Good 

Are services well-led?

Good 

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Dr Imran Haq's practice on 22 July 2016. Overall the practice is rated as good.

Dr Haq's surgery was placed into special measures following an inspection in March 2015. In order to establish if the required improvements had been made we completed a further comprehensive in February 2016. Improvements to the delivery of service were evident, and ongoing, therefore the practice remained in special measures for a further three months.

Following the inspection in February 2016 the practice received an overall rating of requires improvement with an inadequate rating in the effective domain. Two breaches of the Health and Social Care Act 2008 were identified. These breaches related to the regulation 13, safeguarding service users from abuse and improper treatment and regulation 17, good governance. Two requirement notices were issued and the practice subsequently submitted an action plan to CQC on the measures they would take in response to our findings.

At our follow-up inspection on 22 July 2016 we found that the practice had made significant improvement. The two requirement notices we issued following our previous inspection had both been met. The practice is now rated as good overall.

Our key findings across all the areas we inspected were as follows:

- The system for reporting and recording significant events had been reviewed and further developed. Staff we spoke with understood and fulfilled their responsibilities to raise concerns and report incidents and near misses. We saw evidence to demonstrate that learning from incidents was shared amongst staff.
- Risks to patients were assessed and well managed and all staff we spoke with were familiar with the location of emergency equipment.
- Results from the national patient survey showed that patients rated the practice lower than local and national averages to questions about patient involvement in planning and making decisions about

Summary of findings

their care and treatment in GP consultations. However, we saw that they had been significant improvements in patient satisfaction in other areas of GP consultations.

- The practice was rated above average for nurse consultations in comparison to both local and national averages. For example, between 95% - 100% of patients stated that the last nurse they saw or spoke to was good at listening, good at treating them with care and concern and good at involving them in decisions about their care.
- The practice was found to be an outlier for QOF (or other national) clinical targets in mental health, hypnotic prescribing (medicines used to help with sleep), cervical screening and hypertension. We saw evidence that practice had worked to address this and had carried out audits which had enabled them to decrease hypnotic prescribing rates. Unpublished data available from the practice for 2015 showed significant improvements in these areas.
- Information about services and how to complain was available with a complaints poster displayed in the waiting area and complaints information was also found in the practice leaflet. No formal written complaints had been received by the practice in the last year. The practice told us that a selection of verbal complaints had been recorded in order to identify trends and themes.

- Patients said they found it easy to make an appointment with a named GP and that there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs. There were disabled facilities and translation services available.
- The practice sought feedback from staff at practice meetings and appraisals and from patients through practice surveys and the patient participation group (PPG).
- The provider was aware of and had produced a policy that complied with the requirements of the Duty of Candour.

The areas where the provider should make improvements are:

- Continue to review the national patient survey results in order to target the areas below average to further improve patient satisfaction.
- Formalise the sustainability plans to ensure continuity of care and future planning.

I am taking this service out of special measures. This recognises the significant improvements made to the quality of care provided by this service.

Professor Steve Field (CBE FRCP FFPH FRCGP)
Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

Good



- There was an effective system in place for reporting and recording significant events.
- Outcomes and learning to improve safety in the practice had been shared with staff and were discussed at practice meetings. Information was disseminated to all staff.
- When there were unintended or unexpected safety incidents, people received reasonable support, information, and a verbal apology where appropriate. They were also told about any actions to improve processes to prevent the same thing happening again.
- There had been improvements made to the safeguarding process. The practice had clearly defined and embedded systems, processes and practices in place to keep people safe and safeguarded from abuse. There was a lead member of staff for safeguarding children and vulnerable adults.
- Risks to patients were assessed, embedded and well managed.

Are services effective?

Good



- Unpublished and unverified data available from the practice for 2015/16 showed that significant improvements had been made in areas where the practice had been identified as an outlier for QOF (or other national) clinical targets.
- There was evidence that audits were driving improvement in performance to improve patient outcomes such as in reducing antibiotic or hypnotics prescribing rates.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with multidisciplinary teams to understand and meet the range and complexity of patients' needs. Since the last inspection, patient records now contained sufficient documentation and the electronic patient system was being effectively utilised.
- Care plans for mental health and learning disabilities were in place. Patients in the 2% of the most complex needs had their care plans updated since the last inspection to provide more concise and relevant information.

Summary of findings

Are services caring?

Good



- Results from the latest national GP patient survey published July 2016 were varied. Patients rated the practice near or above average for its satisfaction scores in most areas. However, results for consultations with the GP were lower than the local and national averages in some aspects.
- We noted that as a result the GP had attended courses on more effective patient consultations. Some improvement was seen in patient satisfaction rates compared to the previous national patient survey published in January 2016.
- We found that information for patients about the services available was easy to understand and accessible.
- We found that since the last inspection, more support and information was being provided for carers.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Are services responsive to people's needs?

Good



- There was evidence that the practice had more comprehensively reviewed the needs of its local population since the last inspection and had engaged with the Clinical Commissioning Group to secure improvements to services where these were identified.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available in the patient waiting areas. No formal written complaints had been received by the practice.

Are services well-led?

Good



- The practice had a strategy to maintain the delivery of quality care in order to improve outcomes for patients. There was a documented leadership structure and staff felt supported by management.
- The practice had a number of policies, procedures and systems to govern activity and held regular practice meetings. Since the last inspection, we found that these had become more embedded with all the staff within the practice.
- There was an overarching governance framework which supported the delivery of the strategy and improvements to the quality of care.

Summary of findings

- There was a policy in place to support the Duty of Candour.
- The practice had sought feedback from patients and the patient participation group was active. The practice had collated and analysed responses from a practice survey developed in collaboration with the PPG.
- All staff had received an appraisal with clear objectives documented.

Summary of findings

The six population groups and what we found

We always inspect the quality of care for these six population groups.

Older people

Good



- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- Longer appointments were also available for older people when needed.
- There were disabled facilities and translation services available.
- The practice had a level access to the front entrance.
- Online appointments were available as well as online repeat prescriptions.
- Older patients who were in the top 2% of complex needs had a completed care plan to support their needs.

People with long term conditions

Good



- Longer appointments and home visits were available when needed.
- Patients had a structured annual review to check that their health and care needs were being met.
- Performance for diabetes related indicators for the practice was 77% which was slightly below the CCG average of 83% and a national average of 84%. Data available from the practice for 2015/16 showed that there had been an improvement with the practice performance now at 80%. However, this was not published and verified data.
- For those patients with the most complex needs, the GP worked with relevant health and care professionals to deliver a multidisciplinary package of care. The practice had care plans in place for 2% of patients with the most complex needs. We saw that since the last inspection, these care plans had been updated and refined.
- There was a large variation in the percentage of patients with hypertension having regular blood pressure tests which was below the national average. The practice average of 73% compared to a national average of 84%. Unpublished and unverified data available from the practice showed that there had been significant improvement for the year 2015/2016.

Families, children and young people

Good



- Same day appointments were available for children and those with serious medical conditions.

Summary of findings

- Immunisation rates for childhood vaccinations were in line CCG averages.
- The practice's uptake for the cervical screening programme was 66% which was below the CCG average of 78% and the national average of 82%. However, we saw evidence to demonstrate that the most recent uptake rates had significantly improved through the implementation of various strategies.
- Appointments were available outside of school hours and the premises were suitable for children and babies and baby changing facilities were available.
- We saw positive examples of joint working with district nurses and health visitors
- Gaps previously found in the understanding of when a safeguarding referral may be appropriate had been fully addressed by the practice.

Working age people (including those recently retired and students)

Good



- The practice offered extended hours on Thursdays from 6pm to 8pm for working patients who could not attend during normal opening hours.
- Patients could book appointments or order repeat prescriptions online.
- Patients were able to book telephone consultations with the GP.
- The practice offered a full range of health promotion and screening that reflected the needs for this age group.

People whose circumstances may make them vulnerable

Good



- The practice held a register of patients living in vulnerable circumstances including those with a learning disability or suffering from poor mental health and alerts were in place on the clinical patient record system.
- Translation services were available.
- The practice offered longer appointments for patient requiring an interpreter or for those with a learning disability.
- The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people. Since the last inspection, patients with learning disability or poor mental health now had a care plan in place to further support this.
- The practice had policies that were accessible to all staff which outlined who to contact for further guidance if they had concerns about a patient's welfare.

Summary of findings

- There was a lead staff member for safeguarding and we saw evidence to show that staff had received the relevant training.
- Staff members we spoke with, including the GP, were able to demonstrate that they understood their responsibilities with regards to safeguarding.

People experiencing poor mental health (including people with dementia)

- Performance for mental health related indicators was 94% which was above the CCG average of 87% and a national average of 87%.
- The percentage of patients with physical and/or mental health conditions whose notes recorded smoking status in the preceding 12 months was 86% for the practice compared to CCG and national averages of 94%. Unpublished and unverified data available from the practice showed that there were had been an improvement for the year 2015/2016. We saw that care plans were also now in place for these patients.
- The practice maintained a mental health register on the clinical system.
- Staff had received training on how to care for people with mental health needs.
- The practice had informed patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The GP we spoke with had knowledge of the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.
- Staff had a good understanding of how to support patients with mental health needs and dementia.

Good



Summary of findings

What people who use the service say

We reviewed the national GP patient survey results published July 2016. The results showed the practice was mainly similar to or above local and national averages. Three hundred and fifty five survey forms were distributed and 84 were returned. This represented a 24% survey response rate.

The practice was above CCG and national averages in relation to consultation with the nurse and reception staff. It was also in line with CCG and national averages regarding access:

- 92% said they found the receptionists at the practice helpful (CCG average 84%, national average 87%).
- 88% found it easy to get through to this surgery by phone compared to a CCG average of 60% and a national average of 73%.
- 87% were able to get an appointment to see or speak to someone the last time they tried (CCG average 81%, national average 85%).
- 94% said the last nurse they spoke to was good at treating them with care and concern (CCG average 89%, national average 91%).
- 77% said they would recommend their GP surgery to someone who has just moved to the local area (CCG average 74%, national average 78%).

The practice was below the CCG and national averages in relation to GP consultations:

- 79% described the overall experience of their GP surgery as good (CCG average 83%, national average 85%).

- 83% said the GP was good at listening to them compared to the CCG average of 88% and national average of 89%. This was an improvement on the previous national patient survey result of 78% for the practice.
- 80% said the last GP they spoke to was good at treating them with care and concern (CCG average 84%, national average 85%). This was an improvement on the previous the national patient survey result of 74% for the practice.
- 69% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 85% and national average of 86%.
- 65% said the last GP they saw was good at involving them in decisions about their care (CCG average 81%, national average 82%).

Whilst these results were below the CCG and national averages most had improved on the survey results published in January 2016

Surveys carried out by the practice demonstrated higher satisfaction rates for GP consultations. In addition we saw evidence to demonstrate that the GP had attended courses to enhance patient consultations following a thorough analysis of the national patient survey results.

All patients we spoke with on the day of the inspection (including members of the patient participation group) told us said they were happy with the care they received and thought staff were approachable, committed and caring.

Areas for improvement

Action the service **SHOULD** take to improve

- Continue to review the national patient survey results in order to target the areas below average to further improve patient satisfaction.
- Formalise the sustainability plans to ensure continuity of care and future planning.

Dr Imran Haq

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector. The team included a GP specialist adviser, a practice manager specialist adviser and an Expert by Experience.

Background to Dr Imran Haq

- Dr Imran Haq's practice also known as Firs Surgery is located at 87 Kempson Road, Castle Bromwich, Birmingham. Dr Imran Haq provides care and treatment for approximately 2700 patients.
- The practice has one male and one part-time female GP, a female practice nurse, an interim practice manager, a business manager, a senior administrator and two reception staff.
- The practice has a General Medical Services (GMS) contract. A GMS contract is a contract between NHS England and general practices for delivering general medical services.
- The practice is open between 8am and 6.30pm Monday to Friday except for Wednesday afternoons when the practice closes at 1pm. Appointments take place from 9.30am to 11.30pm every morning and 4pm to 6pm daily (except on Wednesday). The practice also offers extended hours on a Thursday from 6.30pm to 8pm.
- The practice has opted out of providing out-of-hours services to their own patients and this service is provided by Birmingham and District General Practitioner Emergency Rooms (Badger) medical service. Patients are directed to this service on the practice answer phone message.
- There is a higher population than the England average of younger female patients aged 20 to 34 years. The

percentage of children and older people who are affected by income deprivation is higher than the England average. There is a higher prevalence of obesity amongst patients in the practice area.

Dr Haq's surgery was placed into special measures following an inspection in March 2015. In order to establish if the required improvements had been made we completed a further comprehensive inspection in February 2016. Improvements to the delivery of service were evident, and ongoing, therefore the practice remained in special measures for a further three months.

Following the inspection in February 2016 the practice received an overall rating of requires improvement with an inadequate rating in the effective domain. Two breaches of the Health and Social Care Act 2008 were identified. These breaches related to the regulation 13, safeguarding service users from abuse and improper treatment and regulation 17, good governance. Two requirement notices were issued and the practice subsequently submitted an action plan to CQC on the measures they would take in response to our findings.

Why we carried out this inspection

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The practice had previously been placed into special measures and after undergoing a comprehensive follow-up

Detailed findings

inspection on 22 February 2016, where breaches were again identified and the practice remained in special measures for a further three months. The three months extension to special measures was given in order to give the provider the opportunity to demonstrate the current improvements are sustained and improvements to care delivery continue to be made. The breaches were in relation to safeguarding service users from abuse and improper treatment and governance procedures at the practice.

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 22 July 2016.

During our visit we:

- Spoke with a range of staff (including a GP, a business manager, a practice manager and a receptionist).
- Spoke with patients who used the service.
- Spoke with members of the patient participation group (PPG).
- Reviewed an anonymised sample of the personal care or treatment records of patients.

To get to the heart of patients' experiences of care and treatment, we always ask the following five questions:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?

We also looked at how well services were provided for specific groups of people and what good care looked like for them. The population groups are:

- Older people
- People with long-term conditions
- Families, children and young people
- Working age people (including those recently retired and students)
- People whose circumstances may make them vulnerable
- People experiencing poor mental health (including people with dementia).

Please note that when referring to information throughout this report, for example any reference to the Quality and Outcomes Framework data, this relates to the most recent information available to the CQC at that time.

Are services safe?

Our findings

Safe track record and learning

The system for reporting and recording significant events had been reviewed and further developed.

- Staff told us they would inform the interim practice manager and the GP of any incidents. They described how they would document this and gave an example of lessons learnt following an incident in the practice.
- We saw that the practice had logged 11 significant events in the past 12 months. We saw evidence to demonstrate that significant events were discussed and that learning points had been shared.
- The practice told us that when things went wrong with care and treatment, patients were informed of the incident, received support and a verbal apology (although this was not documented). They were also told about any actions to improve processes to prevent the same thing happening again.

We discussed the process for the management of safety alerts with the GP. They had access to alerts and confirmed that these were routinely discussed at staff meetings and showed us evidence to demonstrate this. The GP we spoke with was able to discuss changes that had been implemented at the practice following a recent alert.

Overview of safety systems and processes

The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse, which included:

- Policies for safeguarding children and vulnerable adults from abuse had been reviewed and updated. They reflected relevant legislation and local requirements. We saw that these were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare and the staff we spoke with were aware of this. The GP was the lead member of staff for safeguarding. Staff demonstrated they understood their responsibilities and had received training relevant to their role. The GP and practice nurse were trained to Safeguarding level 3. Previously it was not clear that the safeguarding lead fully appreciated situations that could be a safeguarding

concern. However, since the last inspection, the GP had undergone scenario based training and were able to demonstrate effective responses to various safeguarding situations.

- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service check (DBS check). (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice nurse was the infection control lead who liaised with the local infection prevention teams. There was an infection control protocol in place. An infection control audit had been undertaken by the Clinical Commissioning Group (CCG) in August 2015. We saw evidence that action had been taken to address all of the improvements identified as a result.
- The arrangements for managing medicines, including emergency drugs and vaccinations, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). The practice carried out a medicines audit, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. We saw evidence to show that Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation.
- We reviewed five personnel files (for two GPs, practice nurse, practice manager and a receptionist). We found that recruitment checks such as proof of identification, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service had been carried out.

Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. We saw that a health and safety policy was available. The practice had up to date fire risk assessments and had carried out fire drills. We found that all electrical equipment had been checked to ensure the equipment was safe to use and

Are services safe?

clinical equipment was checked to ensure it was working properly. The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella. (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).

- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. Staff informed us that they were flexible and covered for each other, working additional hours if required. We were told a locum practice nurse would be used if needed to cover for the practice nurse and a locum GP was used when required.

Arrangements to deal with emergencies and major incidents

The practice had adequate arrangements in place to respond to emergencies and major incidents.

- There was an instant messaging system on the computers in all the consultation and treatment rooms

which alerted staff to any emergency. Previously the provider was unaware that this system was in place. At this inspection, they were able to demonstrate the emergency alert process.

- Staff had received basic life support training and were able to discuss this process with us.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. Previously, the lead GP had not been aware of its location but at this inspection they were able to describe where it was situated. We also saw that signage had been put up alerting staff to the location of the emergency equipment.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff we spoke with knew of their location. All the medicines we checked were in date.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan was sufficiently detailed and included emergency contact numbers for staff.

Are services effective?

(for example, treatment is effective)

Our findings

At our previous comprehensive follow-up inspection undertaken on 22 February 2016 we found that the information sharing processes and systems in place for recording, monitoring and reviewing information about patients on the clinical system was not effective. Additionally, the practice required improvements in areas of clinical targets where the practice was an outlier.

At this inspection, we found the provider had fully followed the action plan they had written to properly meet all the identified shortfalls.

Effective needs assessment

The practice assessed needs and delivered care in line with relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines.

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs.
- Care plans were in place for 2% of patients who had the most complex care needs. Previously, these plans had not been concise and were difficult to navigate. Since the last inspection, these had been reviewed, refined and updated so that these issues were rectified. At the last inspection it was acknowledged by the practice that care plans for other patient groups such as for those patients on the mental health register or those with a learning disability still required development. These were now in place for most patients, with over half the patients having undergone a review with an action plan in place.
- Previously, full use was not being made of the electronic patient record system (such as the decision making process not being clearly recorded on the clinical system to demonstrate that risks and outcomes had been considered and discussed with the patient). We saw that since the last inspection, the GP had undergone sustained training on the appropriate use of the system and that this training was on-going. We reviewed some patient records that demonstrated that this was now being used effectively to support patient care.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results (2014/2015) were 80% of the total number of points available. This was below the CCG & national QOF averages of 94%. However, the practice showed us their achievement for 2015/16 which showed significant improvement in that the practice had achieved 92% of total QOF points available. However, this was not published and verified data.

The practice had a 7% exception reporting which was slightly below the CCG and national exception reporting rates of 9%. Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects.

The practice was an outlier for QOF (or other national) clinical targets in records of smoking status, hypnotic prescribing, cervical screening and hypertension. QOF data from 2014/2015 was used (which was the same data that was used at the previous inspection) and as before showed;

- Performance for diabetes related indicators for the practice was 77% which was slightly below the CCG average of 83% and a national average of 84%. Exception reporting for the practice was at 11% which was the same as the CCG and 12% nationally. Data available from the practice showed that there had been an improvement for the year 2015/2016 with the practice performance now at 80%. However, this was not published and verified data.
- Performance for mental health related indicators was 94% which was above the CCG average of 87% and a national average of 87%.
- The percentage of patients with physical and/or mental health conditions whose notes record smoking status in the preceding 12 months was 86% for the practice compared to CCG and national averages of 94%. Data available from the practice showed that there had been an improvement for the year 2015/2016. We saw that care plans were also now in place for these patients.

Are services effective?

(for example, treatment is effective)

- There was a large variation in the percentage of patients with hypertension having regular blood pressure tests which was below the national average. The practice average was 73% compared to a national average of 84%. Exception reporting was 3.8% which was in line with the CCG and national average. Data available from the practice showed that there had been significant improvement for the year 2015/2016.
- There was a large variation in the average daily quantity of hypnotics prescribed (medicines used to help with sleep) in the period 01/01/2014 to 31/12/2014. The practice had a prescribing rate of 0.84 compared to 0.26 nationally. The practice had conducted a full audit to improve hypnotic prescribing and was able to demonstrate that.
- The percentage of patients with asthma who had an asthma review in the preceding 12 months was 78% for the practice compared to the 74% CCG and 75% national averages.

There was evidence of quality improvement including clinical audit.

- The practice participated in local audits and national benchmarking.
- There had been four clinical audits completed in the last two years, two of which were completed audits where the improvements made were implemented and monitored (in the case of antibiotic and hypnotic prescribing).
- Findings were used by the practice to improve services. For example, recent action taken as a result included discouraging the use of hypnotics for new patients and reviewing those currently on hypnotics which had led to an overall decrease of hypnotic prescribing. Antibiotic prescribing had also decreased.

Effective staffing

Staff had the skills, knowledge and experience to deliver effective care and treatment.

- The practice had an induction checklist and a mandatory training programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice demonstrated, via their training records, how they ensured role-specific training and updates for relevant staff were managed. For example, for those

reviewing patients with long-term conditions, staff administering vaccinations and taking samples for the cervical screening programme had received specific training. Staff who administered vaccinations could demonstrate how they stayed up to date with changes to the immunisation programmes.

- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work.
- The learning needs of staff were identified through a system of annual appraisals. We found that all staff who were due for an appraisal had received one.
- Staff received training that included: safeguarding, fire procedures, basic life support infection control and information governance awareness. Staff had access to and made use of e-learning training modules and in-house training.

Coordinating patient care and information sharing

The information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way through the practice's patient record system and their intranet system.

- This included medical summaries and investigation and test results. Previously, we noted that the electronic patient system was not being fully utilised in order to enhance patient care. For example to communicate all the relevant information or to share care plans. However, since the last inspection the GP had received regular training sessions on the effective use of the clinical system which were on-going. The GP was now able to clearly demonstrate good use such as a full record was being maintained and for example recording reasons behind some of the clinical decisions made or actions taken.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.
- The practice told us they had also made referrals directly and through the NHS e-Referral Service system. The NHS e-Referral Service is a national electronic referral service which gives patients a choice of place, date and time for their first outpatient appointment in a hospital. We saw evidence to demonstrate this service was being used.

Are services effective?

(for example, treatment is effective)

Staff worked together and with other health and social care services to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. The nurse described a good working relationship with multidisciplinary agencies. We saw evidence that multi-disciplinary team meetings took place on a monthly basis which involved district nurses and health visitors. Since the last inspection, care plans for mental health, most of the learning disability patients and palliative care patients were now in place. Previously, care plans for the 2% complex needs patient were long and difficult to navigate. We now saw that these had been reviewed to reduce the amount of historical patient information and were more concise to ensure only information that was appropriate formed a part of the care plan.

Consent to care and treatment

Staff sought patients' consent to care and treatment in line with legislation and guidance.

- Staff we spoke with understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.
- We saw that the GP's had completed online mental capacity training. Other staff had also received training on how to care for people with mental health needs.
- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment. The GP was now able to show us how consent was recorded using the electronic patient system.

Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support.

- The practice nurse told us they maintained a register of patients with a learning disability, carers or those that required palliative care. Patients with long term conditions were scheduled for regular reviews.
- Patients requiring advice on their diet, smoking and alcohol cessation were identified and signposted to the relevant service where appropriate. The practice nurse told us they routinely provided advice to patients about healthy living, weight control and exercises.

The practice's uptake for the cervical screening programme was 66% which was below the CCG average of 78% and the national average of 82%. However, exception reporting for the practice was lower at 2.4% compared with a CCG average of 7.7% and a national average of 6.3%. Additionally, data available from the practice showed that the practice had made significant improvements in uptake rates. The practice told us that this had been through a targeted campaign to raise awareness and reminders for patients who did not attend for their cervical screening test. However, the practice was below average for national screening programmes for bowel cancer screening (practice average 39% compared to CCG average of 51% and national average of 58%) and breast cancer screening (practice average 57% compared to CCG average of 69% and national average of 72%).

Childhood immunisation rates for the vaccinations given were above CCG averages. For example, childhood immunisation rates for under two year olds ranged from 94% to 100% and five year olds from 88% to 98% for the practice which were above the CCG rates of 80% to 95% and 86% to 96% respectively.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for people aged 40–74. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

Are services caring?

Our findings

Kindness, dignity, respect and compassion

We observed members of staff were courteous and very helpful to patients and treated them with dignity and respect.

- Privacy screens were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We noted that consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff told us how they would use an empty consultation room when patients wanted to discuss sensitive issues or appeared distressed.

Patients we spoke with on the day of the inspection said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

We spoke with four members of the patient participation group (PPG). They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected.

Results from the latest national GP patient survey published on July 2016 showed patients were varied in relation to being treated with compassion, dignity and respect. For example the practice was above average for its satisfaction scores in relation to the practice nurse and reception staff:

- 94% said the last nurse they spoke to was good at treating them with care and concern (CCG average 89%, national average 91%).
- 92% said they found the receptionists at the practice helpful (CCG average 84%, national average 87%).

The practice was either slightly below or similar to the CCG and national average for its satisfaction scores on consultations with GPs. We also saw that the practice had improved in some instances from the previously published survey of January 2016:

- 83% said the GP was good at listening to them compared to the CCG average of 88% and national average of 89%. This was an improvement on the previous the national patient survey result of 78% for the practice.
- 81% said the GP gave them enough time (CCG average 86%, national average 87%). This was an improvement on the previous the national patient survey result of 79% for the practice.
- 91% said they had confidence and trust in the last GP they saw (CCG average 95%, national average 95%).
- 80% said the last GP they spoke to was good at treating them with care and concern (CCG average 84%, national average 85%). This was an improvement on the previous the national patient survey result of 74% for the practice.

We saw that the practice, in collaboration with the PPG, had developed a practice survey to obtain wider patient feedback. These results demonstrated high satisfaction rates for the practice.

Care planning and involvement in decisions about care and treatment

Patients told us they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them. We also saw that care plans were personalised.

Results from the national GP patient survey showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment with the practice nurse. However, results for consultations with the GP were lower than the local and national averages. For example:

- 69% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 85% and national average of 86%.
- 65% said the last GP they saw was good at involving them in decisions about their care (CCG average 81%, national average 82%).
- 93% said the last nurse they saw was good at involving them in decisions about their care (CCG average 83%, national average 85%)

Are services caring?

Surveys carried out by the practice demonstrated higher satisfaction rates for GP consultations. In addition we saw evidence to demonstrate that the GP had attended courses to enhance patient consultations following a thorough analysis of the national patient survey results.

The practice provided facilities to help patients be involved in decisions about their care:

- Staff told us that translation services were available for patients who did not have English as a first language.
- We saw notices in the reception areas informing patients this service was available.

Patient and carer support to cope emotionally with care and treatment

Notices in the patient waiting room told patients how to access a number of support groups and organisations. We saw that the waiting area also had a dedicated 'Carers Corner' to display all the relevant information about support for carers. A carer's pack had been developed to direct carers to the various avenues of support available to them.

The GP told us that the practice's computer system alerted GPs if a patient was a carer and that the practice had identified 26 patients on the carer's register. Previously, the GP was unable to articulate how the carers register would improve outcomes for patients. At this inspection, the GP told us about the support that was offered to those identified as carers which included regular health checks and flu vaccinations as well as being directed to various avenues of support. The GP showed us evidence related to a 'Carers Drop-in Session' held at the practice in June 2016 at which six carers attended. Representatives from the Birmingham Carers Hub and Carers Emergency Response Service also attended the session.

The practice told us that if families had suffered a bereavement, sympathy card was sent and the GP contacted them and provided advice on how to find a support service or if required booked a consultation.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

We saw evidence to demonstrate that since the last inspection the practice had reviewed the needs of its local population and engaged with the Clinical Commissioning Group (CCG) to secure improvements to services where identified. For example, patients with high rates of unplanned admissions had been reviewed and action plans put in place to prevent frequent reoccurrences. In addition, the practice had put in place systems to improve cervical screening uptake rates and we also saw evidence to demonstrate that a Health Exchange service was arranged to start at the practice from September 2016. This would provide more specialist support to help patients live healthier lives and focus on prevention of ill health strategies.

- The practice offered extended hours on a Thursday evening until 8pm for working patients who could not attend during normal opening hours.
- Patients were able to book telephone consultations with the GP.
- A facility for online repeat prescriptions and appointments bookings was available.
- There were longer appointments available for patients with a learning disability and those attending baby clinics.
- Home visits were available for older patients and patients who would benefit from these.
- Same day appointments were available for children and those with serious medical conditions.
- Baby changing facilities were available.
- There were disabled facilities and translation services available.
- The practice had a level front entrance access although automatic doors were not installed. However we saw that a bell at the entrance door was available to call for assistance.
- All patient consultations were held on the ground floor of the practice.
- A hearing loop was now available at the practice.
- The reception desk had not been lowered for wheelchair users. The practice told us they would come out from behind reception to talk with patients in a wheelchair.

- The practice used the NHS e-Referral Service (previously Choose and Book) for making the majority of patient referrals. The NHS e-Referral Service enabled patients to choose which hospital they would prefer to be seen at and when.

Access to the service

The practice was open between 8am and 6.30pm Monday to Friday except for Wednesday afternoons when the practice closed at 1pm. Appointments were from 9.30am to 11.30pm every morning and 4pm to 6pm daily (except on Wednesday). The practice offered extended hours on a Thursday from 6.30pm to 8pm. In addition to pre-bookable appointments that could be booked up to two weeks in advance, urgent appointments were also available for people that needed them.

Results from the latest national GP patient survey (published July 2016) showed that patient's satisfaction with how they could access care and treatment was above local and national averages.

- 78% of patients were satisfied with the practice's opening hours compared to the CCG average of 73% and national average of 75%. This was a further improvement on the previous the national patient survey result of 75% for the practice.
- 88% patients said they could get through easily to the surgery by phone (CCG average 60%, national average 73%).

People told us on the day of the inspection that they were able to get appointments when they needed them.

We found that the practice had a system in place to assess:

- whether a home visit was clinically necessary;
- to determine the urgency of the need for medical attention.

This was done through gathering of information beforehand to allow for an informed decision to be made on prioritisation according to clinical need. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits.

Listening and learning from concerns and complaints

The practice had a system in place for handling complaints and concerns.

Are services responsive to people's needs? (for example, to feedback?)

- We saw that the practice had a complaints policy that was in line with recognised guidance and contractual obligations for GPs in England.
- We were told that the interim practice manager and the lead GP were the designated complaints leads.
- We saw that information was available to help patients understand the complaints system with a complaints poster in the waiting area that advised patients to speak with reception staff if they wished to make a complaint.

We saw that complaints were now a standing item for discussion at practice meetings. However, the practice had not received any complaints in the last 12 months. We were told that, where possible most verbal complaints were dealt with at the time of the complaint.

Are services well-led?

Good 

(for example, are they well-managed and do senior leaders listen, learn and take appropriate action)

Our findings

Vision and strategy

The practice now had a clear vision to deliver and maintain higher quality care and promote good outcomes for patients.

- The provider had employed a new interim manager to support the practice improvements since the last inspection. The previously newly developed policies and processes had become more established at the practice.
- The practice had a patient leaflet that listed the practice responsibility to patients and patient responsibility to the practice and staff we spoke with were aware of this.
- On the day of the inspection, a GP from a neighbouring practice was present. The practice told us of future sustainability plans by potentially joining in partnership with this neighbouring practice. However, these plans had not yet been formalised.

Governance arrangements

The practice now had an overarching governance framework which supported the delivery of the strategy and good quality care. This outlined the structures and procedures in place and ensured that:

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities
- Practice specific policies were implemented and were available to all staff. Since the last inspection, these had become more embedded.
- A better understanding of the performance of the practice was now being maintained.
- Clinical and internal audits had been carried out to monitor quality and to make improvements.
- There were good arrangements in place for identifying, recording and managing risks, issues and implementing mitigating actions.

Leadership and culture

The lead GP was visible in the practice and staff told us they were approachable and always took the time to listen to all members of staff. Practice staff told us that the more positive culture within the practice had been maintained since the last inspection and they were more optimistic about the future. We also found that the provider had invested a significant amount of time ensuring the gaps in

the knowledge of the new processes found at the last inspection had been closed. The provider was now able to demonstrate that they had become properly familiar with the new policies and procedures that were now in place.

The provider was aware of the requirements of the Duty of Candour and a policy regarding this in place. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). The practice had systems in place to ensure that when things went wrong with care and treatment:

- The practice had developed a policy which included a template for written apology to patients that may have been affected.
- The practice had kept written records of some of the verbal interactions.

There was a clear leadership structure in place and staff felt supported by management.

- Staff told us the practice held regular team meetings and we saw evidence to indicate that these were taking place.
- Staff members we spoke with told us that there was an open and transparent culture within the practice. Staff felt they had opportunities to raise any issues and felt supported when they did.
- Staff said they felt respected and valued and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

Seeking and acting on feedback from patients, the public and staff

The practice encouraged and valued feedback from patients, the public and staff. It proactively sought patients' feedback and engaged patients in the delivery of the service.

- The practice had an active patient participation group (PPG) with five members. We spoke with four of the PPG members on the day of the inspection. The PPG members were highly positive about the practice and felt that they were listened to and that their views were valued. We were told that the PPG, in collaboration with the practice, had developed and analysed a practice survey to obtain wider patient feedback.

Are services well-led?

Good 

(for example, are they well-managed and do senior leaders listen, learn and take appropriate action)

- The practice manager and staff members informed us that they were able to provide feedback at staff

meetings, annual appraisals and on a one-to-one basis. Staff we spoke with told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management.